CITY OF MUSKEGON TALENT BANK APPLICATION

DATE:	

Please Type or Print. Applications w	ill be kept on file for one year. All applicants subject to a background check.
NAME:	HOME PHONE #:
HOME ADDRESS:	WORK PHONE #:
DATE OF BIRTH:	E-MAIL ADDRESS:
OCCUPATION: (If retired, give	EMPLOYER:
EDUCATION:	
PERSONAL REFERENCES: (Pleas	e list the name and phone numbers of three personal references)
1. Name:	Phone:
2. Name:	Phone:
3. Name:	Phone:
PERSONAL & COMMUNITY ACTIV	/ITIES:
CIVIC ORGANIZATIONS:	
NEIGHBORHOOD ASSOCIATION N	MEMBER: Yes: No:
MARK BOARDS/COMMISSIONS/Co	OMMITTEES YOU WISH TO SERVE ON - MARK FIRST CHOICE WITH #1
() Board of Canvassers () Board of Review	() Housing Code Board of Appeals () Housing Commission
() Citizen's Police Review Board () Civil Service Commission	() Income Tax Board of Review () Local Develop. Finance Authority
() CDBG-Citizen's District Council () Construction Board of Appeals	() Local Officer's Compensation Committee () Planning Commission
() District Library Board () Downtown Development Authority	() Zoning Board of Appeals v/Brownfield Board
() Election Commission () Historic District Commission	,
	of this committee? What do you bring to the committee?
Are you willing to serve on any other	boards/committees not marked? Yes: No:
If applying for the Citizen's Police Re	view Board, are you a member of one of the following minority coalition groups?
) Muskegon Urban League () NAACP – Muskegon Chapter () Latinos Working for the Future) Nation of Islam () Ad Hoc Committee for Equality and Justice	
Attach Additional Sheets or Resume	if Desired.
Return this form to: City Cler	k's Office, 933 Terrace St., Muskegon, MI 49440